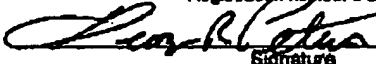


OCT 08 2004

PTO/SB/22 (03-04)

Approved for use through 7/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 20433-00801-US1	
<b>Application Number</b> 10/653,237-Conf. #4842		<b>Filed</b> September 3, 2003	
<b>For</b> SEMICONDUCTOR DEVICE INCLUDING TRANSISTOR WITH COMPOSITE GATE STRUCTURE AND TRANSISTOR WITH SINGLE GATE STRUCTURE, AND METHOD FOR MANUFACTURING THE SAME			
<b>Art Unit</b> 2822		<b>Examiner</b> M. A. Wlczowski	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>27,369</u>			
 Signature		<u>10/8/04</u> Date	
<u>George R. Pettit</u> Typed or printed name		<u>(202) 331-7111</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

10/15/2004 10:00AM 20040923 220185 10153297

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/653237  
20435-00601-051

## CLAIMS AS FILED - PART I

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	0
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	—
X84=	—
+280=	—
TOTAL	750

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.